Summary of Benefits

Group Health Clear Care® Employer Group with Part D (HMO)

Group Health 2013 Medicare Advantage Prescription Drug Plan 3—Group Retiree Benefits

BENEFITS EFFECTIVE:
JANUARY 1, 2013 – DECEMBER 31, 2013

H5050

Questions?

1-888-901-4600

TTY WA Relay:
1-800-833-6388 or 711

Monday–Friday, 8 a.m.–8 p.m.
Extended hours
October 1–February 14
Daily 8 a.m.–8 p.m.

ghc.org/medicare

750GHMC-2012-09

GroupHealth®

Introduction to the Summary of Benefits Report

for **GROUP HEALTH CLEAR CARE® EMPLOYER GROUP WITH PART D (HMO)**

JANUARY 1, 2013 - DECEMBER 31, 2013

ALL COUNTIES SERVED BY GROUP HEALTH COOPERATIVE

Thank you for your interest in Group Health Clear Care Employer Group with Part D (HMO). Our plan is offered by GROUP HEALTH COOPERATIVE, a Medicare Advantage Health Maintenance Organization (HMO) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Group Health Clear Care Employer Group (HMO) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Group Health Clear Care Employer Group with Part D (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Group Health Clear Care Employer Group with Part D (HMO) at the telephone number listed at the end of this introduction or **1-800-MEDICARE (1-800-633-4227)** for more information. TTY/TDD users should call **1-877-486-2048.** You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Group Health Clear Care Employer Group with Part D (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS GROUP HEALTH CLEAR CARE EMPLOYER GROUP WITH PART D (HMO) AVAILABLE?

The service area for this plan includes: Grays Harbor* (98541, 98557, 98559, 98568), Island, King, Kitsap, Lewis, Mason* (98524, 98528, 98541, 98546, 98548, 98555, 98560, 98584, 98588, 98592), Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, and Whatcom Counties, WA. You must live in one of these areas to join the plan.

* denotes partial county

Introduction to the Summary of Benefits Report

for **GROUP HEALTH CLEAR CARE® EMPLOYER GROUP WITH PART D (HMO)**

JANUARY 1, 2013 - DECEMBER 31, 2013

ALL COUNTIES SERVED BY GROUP HEALTH COOPERATIVE

WHO IS ELIGIBLE TO JOIN GROUP HEALTH CLEAR CARE EMPLOYER GROUP WITH PART D (HMO)?

You can join Group Health Clear Care Employer Group with Part D (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Group Health Clear Care Employer Group with Part D (HMO) unless they are members of our organization and have been since their dialysis began. This plan is available to retirees only.

CAN I CHOOSE MY DOCTORS?

Group Health Clear Care Employer Group with Part D (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at **www.ghc.org/medicare.** Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Group Health Clear Care Employer Group with Part D (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at **www.ghc.org/medicare.** Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Group Health Clear Care Employer Group with Part D (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Group Health Clear Care Employer Group with Part D (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at **https://www1.ghc.org/medicare/formulary.**

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227).** TTY/TDD users should call **1-877-486-2048,** 24 hours a day / 7 days a week; and see **www.medicare.gov** 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call **1-800-325-0778;** or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Group Health Clear Care Employer Group with Part D (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

Introduction to the Summary of Benefits Report

for **GROUP HEALTH CLEAR CARE® EMPLOYER GROUP WITH PART D (HMO)**

JANUARY 1, 2013 - DECEMBER 31, 2013

ALL COUNTIES SERVED BY GROUP HEALTH COOPERATIVE

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Group Health Clear Care Employer Group with Part D (HMO) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Group Health Clear Care Employer Group with Part D (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on **www.medicare.gov** and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Introduction to the Summary of Benefits Report

for **GROUP HEALTH CLEAR CARE® EMPLOYER GROUP WITH PART D (HMO)**

JANUARY 1, 2013 - DECEMBER 31, 2013

ALL COUNTIES SERVED BY GROUP HEALTH COOPERATIVE

Please call Group Health Cooperative for more information about Group Health Cooperative Clear Care Employer Group (HMO).

Visit us at **www.ghc.org/medicare** or call us:

Customer Service Hours for October 1–February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m.–8:00 p.m. Pacific

Customer Service Hours for February 15–September 30: Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m.–8:00 p.m. Pacific

Current members should call toll-free **(888)-901-4600** for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD **(800)-833-6388**)

Prospective members should call toll-free **(800)-446-8882** for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD **(800)-833-6388**)

Current members should call locally **(206)-901-4600** for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD **(800)-833-6388**)

Prospective members should call locally **(800)-446-8882** for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD **(800)-833-6388**)

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**.

TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week.

Or, visit **www.medicare.gov** on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Summary of Benefits Reports

for Contract 5050, Plan 802

Benefit Category	Original Medicare Benefits	2013 MAPD Group Retiree Plan 3 Benefits
Monthly Consolidated Premium	In 2012, the monthly part B premium was $99.90 and may change for 2013. Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over $85,000 for singles, $170,000 for married couples). For more information about Part B premiums based on income, call Medicare at **1-800-MEDICARE (1-800-633-4227).** TTY users should call **1-877-486-2048.** You may also call Social Security at **1-800-772-1213.** TTY users should call **1-800-325-0778.**	Please contact your retiree benefit center for details about your monthly premiums (if applicable).
Out-of-Pocket Maximum		$2,500
Deductible	In 2012, the annual Part B deductible was $140 and may change for 2013	$0
Hospital Inpatient	Days 1–60: $1156* deductible Days 61–90: $289* per day Days 91–150: $578* per lifetime	$0 member copay
Mental Health Inpatient	Days 1–60: $1156* deductible Days 61–90: $289* per day Days 91–150: $578* per lifetime	$0 member copay
Mental Health Inpatient Limit	190 days in a psychiatric hospital in a lifetime	190 days in a psychiatric hospital in a lifetime
Skilled Nursing Facility	Days 1–20: $0* per day Days 21–100: $144.50* per day	$0 member copay
Skilled Nursing Facility Limit	100 days per benefit period	100 days per benefit period
Home Health Care	$0	$0 member copay

*The amounts noted indicate rates for 2012 and may change.

Summary of Benefits Reports

for Contract 5050, Plan 802

Benefit Category	Original Medicare Benefits	2013 MAPD Group Retiree Plan 3 Benefits
Hospice	Patient pays for the cost of outpatient drugs & inpatient respite care. Care must be received from Medicare-certified hospice.	$0 member copay
Office Visits	20% coinsurance	$10 member copay
Medicare Covered Chiropractic Services	20% coinsurance	$10 member copay
Podiatry	20% coinsurance	$10 member copay
Mental Health Outpatient	35% coinsurance	$10 member copay
Substance Abuse Outpatient	20% coinsurance	$0 member copay
Outpatient Surgery	20% coinsurance	$10 member copay
Ambulance	20% coinsurance	$150 member copay
Emergency	20% coinsurance	$65 member copay
Urgent Care	20% coinsurance	$10 member copay
Rehab Outpatient	20% coinsurance	$10 member copay
Durable Medical Equipment	20% coinsurance	0% member coinsurance
Prosthetic Devices	20% coinsurance	0% member coinsurance
Diabetes Self Monitoring Training	20% coinsurance	$0 member copay
Diagnostic, Lab & X-Ray	20% coinsurance ($0 copay for Medicare-covered lab services)	$0 member copay
Prescription Drugs Outpatient	Not Covered	**Retail** (30 day supply): Generic $10 copay/Brand $40 copay Nonformulary, 50% coinsurance **Mail Order** (90 day supply): Generic $20 copay/Brand $80 copay Nonformulary, 50% coinsurance Some prescription drugs will be provided at no cost to you the first time you fill the prescription. These drugs are indentitfied in the formulary.

Summary of Benefits Reports

for Contract 5050, Plan 802

Benefit Category	Original Medicare Benefits	2013 MAPD Group Retiree Plan 3 Benefits
Hearing Exam	20% coinsurance for diagnostic hearing exams only	$10 member copay for diagnostic hearing exams
Hearing Hardware	Not Covered	$250 allowance every 24 mos
Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye	$10 copay for annual routine vision exam $10 member copay for diagnosis and treatment of diseases and conditions of the eye
Vision Eye Wear	Glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.	$0 copay for one pair of eyeglasses or contact lenses after cataract surgery or others diseases of the eye $150 additional allowance for eyewear every 12 months
Preventive Services and Annual Wellness Visits	$0 Annual Wellness Visit	$0 member copay for all preventive services covered by Original Medicare $0 member copay for Welcome to Medicare exam during initial 12 months and for annual wellness visits
Health/Wellness Education	Medical Nutrition Therapy Services for people who have diabetes or kidney disease, Annual Wellness Visits and Smoking Cessation.	SilverSneakers/EnhanceFitness/ Consulting Nurse/Smoking Cessation Medical Nutrition Therapy Services for people who have diabetes or kidney disease
Self-Referred Alternative Therapy Services	Not Covered	acupuncture – $10 member copay – up to 8 visits naturopath – $10 member copay – up to 3 visits chiropractic – $10 member copay – up to 10 visits
Massage Therapy (from a licensed massage therapist)	Not Covered	$10 member copay for 10 medically necessary visits per year— prior approval required